

RECEIPT OF REGISTRATION FEE PAYMENT [BACHELOR'S/MASTER'S/DOCTORAL PROGRAMMES]

Number: *[Identity document number]*

Date: *[Date on which receipt was issued]*

Company details:

Name: *[Company name]*

CIF: *[Company Tax Identification Number]*

Address: *[Company address:]
postcode and location]*

Postcode and municipality: *[Company*

Item: On *[date of payment]*, the company paid the Universitat Rovira i Virgili the cost of the registration fee for the *[Bachelor's/Master's/Doctoral Degree]* in *[Name of the course]* for the *[academic year]* academic year on behalf of *[name of the student]*, holder of identity card number *[ID number of student]*.

Financial details of the registration:

Subtotal: *[Amount of fees]*

VAT exempt: €0.00

Total: *[Total amount of fees]*

[Signature of head of service]

[Full name of head of service]

HEAD OF THE ACADEMIC MANAGEMENT SERVICE